

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

990191B

									<u> </u>	<u></u>	<u> </u>		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS 44								RATE	FEE		RATE	FE	ΕE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740	0.00
TOTAL CHARGEABLE CLAIMS			4 minus 20=		* 24			X\$ 9=		OR	X\$18=	437	ot
INDEPENDENT CLAIMS			24 min	us 3 =	* 21			X42=		OR	X84= /	764	1.00
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=	280) 00
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL		OR	TOTAL3	2/	6.00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							`	OTHER I					
		(Column 1) CLAIMS	1		HEST	(Column 3)	4			า เ			
AMENDMENT &		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDR	Total	· 4 2	Minus	** L	14	= /		X\$ 9=		OR	X\$18=		<u> </u>
AME	Independent	dent * 2 4 Minus *** RESENTATION OF MULTIPLE DEPENDENT			24 T.C. AM	= <i>Y</i>	4	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDEN	CLAIN		╛	+140=		OR	+280=		
								TOTAL ADDIT. FEE	į.	OR	TOTAL ADDIT. FEE		<u> </u>
		(Column 1)		(Colů	mn 2)	(Column 3	<u>)</u>			_			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DDI- NAL
AMENDMENT	Total	*	Minus	**		= '		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	4	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM	<u> </u>	_]	+140=		OR	+280=		
								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		,	
	1	CLAIMS		HIG	HEST	1	Ĺ		ADDI	1		Λ.F.	
S L		REMAINING AFTER			MBER IOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE		DDI- NAL
Ę		AMENDMENT		PAIC	FOR	ļ	4		FEE		<u></u>	<u> </u>	EE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
A BA	Independent	*	Minus	***			4	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CI				IT CLAIM						.000		
	If the entry in colu	ımn 1 is lass'than t	the entry in colu	mn 2 wei	te "O" in co	dumn 3		+140=		OR	+280=	<u> </u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the, "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
	The "Highest Nur	nber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numl	ber fo	ound in the ap	propriate bo	x in co	lumn 1.		